

Board Verification Request

Please include an envelope for your Board(s).

(If you are licensed in Arkansas, please disregard this sheet)

DATE:

TO:

(Name of Applicant)

(Street Address)

FROM: *Arkansas Board of Registration For
Professional Engineers and Land Surveyors**P.O. Box 3750**LITTLE ROCK, AR 72203*

(City) (State) (Zip)

Phone

Social Security

Date of Birth

I. THE ABOVE-NAMED PERSON WAS REGISTERED AS:

	Certificate Number	Date Issued	Valid Until
() ENGINEER-IN-TRAINING	_____	_____	_____
() PROFESSIONAL ENGINEER	_____	_____	_____
() LAND SURVEYOR-IN-TRAINING	_____	_____	_____
() PROFESSIONAL LAND SURVEYOR	_____	_____	_____

II. BASIS OF REGISTRATION:

Hours

Results

NCEES

Exam Date

1. () WRITTEN EXAMINATION
- | | | | | |
|-----|-------|-------|-------|-------|
| FE | _____ | _____ | _____ | _____ |
| PE | _____ | _____ | _____ | _____ |
| FLS | _____ | _____ | _____ | _____ |
| PLS | _____ | _____ | _____ | _____ |

STATE SPECIFIC/OTHER: _____

OTHER _____

() EXAMINATION OPTION: (DISCIPLINE) _____

2. () FE/FLS ACCEPTED FROM: _____

() PE/PLS ACCEPTED FROM: _____

3. () Was the NCEES cut score Used? ☐ YES ____ ☐ NO ____ If NO, please explain _____4. () Were veteran preference points applied to the score? ☐ YES ____ ☐ NO ____ If YES, please explain _____

5. () GRADUATION AND EXPERIENCE: If combined time was less than 8 years experience or degree was a non-ABET engineering curriculum, please check here () and give details on the other side.

6. () Any disciplinary action taken () Enforcement Exchange Please explain on reverse side

III. REMARKS:

BY: _____

(Board Seal)

TITLE: _____

DATE: _____

A STAMPED, ADDRESSED ENVELOPE IS ENCLOSED FOR RETURN OF THIS FORM.

If a fee is required, notify the applicant by phone, please do not delay the processing of this form.